

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: A0536 Type of Application: EMT/PARAMEDIC/MOB INT NURSEJob Title or Type of License, Certification or Permit: Paramedic

Agency Address Set Contributing Agency:

Emergency Medical Services Authority

Agency authorized to receive criminal history information

02531

Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Suite# 400

Street No.

Street or PO Box

Contact Name (Mandatory for all school submissions)

Rancho Cordova, CA. 95670-6073

City

State

Zip Code

()

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MAlias: _____ Driver's License No. _____
Last FirstDate of Birth _____ Sex: ☐ Male ☐ Female Misc No. BIL -

Height: _____ Weight: _____ Misc No. _____

Eye Color: _____ Hair Color: _____ Home Address: _____

Place of Birth: _____
Street or PO BoxSOC: _____
City, State and Zip CodeYour Number: _____
OCA No. (Agency Identifying No.)Level of Service ☐ DOJ ☐ FBI**Paramedic Licensee: YOU MUST have BOTH DOJ & FBI**

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ)

City _____ State _____ Zip Code _____ ()

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant